

Joint Public Hearing of the Appropriations and Public Health Committees
Regarding the 2012 Report of the Tobacco and Health Trust Fund Board of Trustees

Testimony of Kathleen Maurer, MD
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Good afternoon, Senator Harp, Senator Gerratana, Representative Walker, Representative Ritter and distinguished members of the Appropriations and Public Health Committees. I am Dr. Kathleen Maurer, Director of Health Services for the Department of Correction (DOC), and today I am speaking on behalf of Commissioner Leo Arnone. On his behalf, myself and my team, I would like to thank the Tobacco and Health Trust Fund Board of Trustees for the confidence that they have shown in DOC and for their support for our proposal to provide smoking cessation services to our inmate population.

The Department of Correction houses approximately 17,000 inmates in 15 facilities across the state. Of the 17,000 inmates, 600 are youthful offenders, the majority of whom are male and housed at Manson Youth Institution in Cheshire. During a given year, approximately 30,000 inmates pass through our facilities. As a unified system, our facilities include both jails and prisons. As a result, we manage two distinct populations of offenders—those who are destined to stay with us for an extended period of time and those whose residence is short term. Indeed, approximately 50% of our jailed offenders bond out within the first 30 days. Our busiest jail, Hartford Correctional Center (HCC), intakes on average 40 to 60 new offenders per night, five days per week. We have six separate jails including facilities in New Haven (NHCC), Bridgeport (BCCC), Montville (Corrigan), Hartford (HCC), Niantic (York) and Cheshire (MYI) where our juvenile facility, Manson Youth Institution, is located. The remainder of our facilities largely house inmates who are convicted of crimes with sentences of more than 2 years.

Our population is predominantly African-American and Hispanic and 95% is male. The average age of our inmates is 35 years. Eighty-five percent (85%) have a history of substance abuse, 20% carry a diagnosis of severe mental illness and 4% are severely ill medically.

During the past six months we have worked with The Tobacco and Health Trust Fund Board of Trustees and others to develop a smoking cessation program for our inmates that will provide smoking cessation services to several thousand inmates per year and will afford the opportunity and support for these inmates to make a change in their lives that will have ongoing and lasting impacts upon their health and quality of life. In addition, successful smoking cessation for this group of Connecticut residents will lead to lower health costs in general since smoking is one of the most important causes of illness and other negative consequences such as lost work days.

Literature in the field suggests that smoking prevalence for incarcerated individuals ranges from 64 to 92%. Certain populations of inmates appear to exhibit greater intensity of smoking including those who are seriously mentally ill. One of the first tasks of our project will be to conduct a prevalence study in two of our jails. This will provide a baseline for us and will enable us to establish the prevalence and intensity of smoking in our jail population.

For our smoking cessation and prevention efforts, we have chosen to focus upon three distinct populations of inmates within our facilities: jailed offenders, many of whom leave our custody and return to their home communities relatively quickly (NHCC and HCC); youthful offenders; and women of childbearing age. We will provide smoking cessation and prevention services to our inmates as well as pharmaceutical supports as clinically indicated. In addition, this proposal will enable the DOC to form linkages with healthcare providers in the community in order to reinforce cessation and prevention efforts at the local level, and to improve the likelihood that our former inmate patients will have enduring relationships with healthcare providers once they are no longer incarcerated.

To accomplish these tasks, the DOC has joined forces with the University of Connecticut School of Social Work (UConn)/DMHAS research team. Several of the UConn/DMHAS team members have worked on the implementation of other projects within our facilities and are accustomed to the nature of prison and jail environments and inmates. We have asked these researchers to utilize an implementation team concept utilizing existing staff at the involved facilities. This will allow individual facilities to identify and develop smoking cessation services that best meet the needs of each facility. This implementation model has been shown to build communication links and increase buy-in from all relevant stakeholders in order to ensure that the program is effectively implemented and sustained.

Our program is designed to provide smoking prevention services to the 600 youthful offenders at Manson Youth Institution in Cheshire and at York Correctional Center at Niantic and to women of childbearing age at York as well. These two populations stand to gain the most from not starting smoking. For youthful offenders, we plan to incorporate our smoking cessation materials directly into the instructional curriculum utilized in the facility. If possible, we also intend to develop creative responses such as theatre and mime to impart the knowledge about the risks of smoking to this youthful population. Women of childbearing age will receive a somewhat different message focusing not only upon the risks to their individual health, but also the potential risk to an unborn fetus should they smoke while pregnant. We will impart knowledge about the risks of second hand smoke to both groups.

The jailed populations present an entirely different challenge. As noted above, approximately 50% of these populations spend one month or less incarcerated, and then return to their communities. Our proposal will identify smokers on entry into both our jails in Hartford and New Haven, assist them as clinically indicated with withdrawal, utilizing the nicotine replacement patch, and then refer them to community health providers for ongoing care whether it be continued nicotine replacement or prescribed smoking cessation medications. Although the in-facility logistics of this activity are challenging, we believe that utilizing

implementation teams made up of medical and custody and addictions staff within the facilities will provide the most effective ways of identifying smokers who are at a stage when they are ready to quit and delivering appropriate services to them.

In summary, the Department of Correction would like to thank the Tobacco and Health Trust Fund Board of Directors for supporting our efforts to improve the health and well-being of our inmate smokers through this smoking cessation grant. Our inmate population represents a largely minority population and this effort will work to achieve health equity for our inmate patients. It will also accomplish a goal that DOC strives to achieve with each and every one of its health and medicine-related endeavors: to link our inmates with primary care providers, whether they are medical or mental health professionals, in the community either immediately before or immediately after they leave our facilities. Having a direct link to a health care provider, especially for inmates with medical and mental health needs, is one important way that we can contribute to reducing the risk for recidivism in our population.

Thank you for the opportunity to share this information with you. I would be happy to answer any questions you have.